

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

PAGE 1 OF 3
(COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| | | | | | | | | | | |
|---|--|--|----------------------------|--|---|--|--|--------------------------------------|------------|-------------|
| Filer Identification Number: | | Report Filed By: | | 1. CANDIDATE <input type="checkbox"/> | | 2. COMMITTEE <input checked="" type="checkbox"/> | | 3. LOBBYIST <input type="checkbox"/> | | |
| Name of Filing Committee, Candidate or Lobbyist: <u>COMMITTEE TO ELECT CAROL LOU</u> | | | | | | | | | | |
| Street Address: <u>6350 PLATZ RD</u> | | | | | | | | | | |
| City: <u>FAIRVIEW</u> | | | | State: <u>PA</u> | | Zip Code: <u>16415-</u> | | | | |
| TYPE OF REPORT (place X to the right of report type) | 5TH TUESDAY PRE-PRIMARY 1. | | 2ND FRIDAY PRE-PRIMARY 2. | | 30 DAY POST-PRIMARY 3. | | AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| | 6TH TUESDAY PRE-ELECTION 4. | | 2ND FRIDAY PRE-ELECTION 5. | | 30 DAY POST-ELECTION 6. | | TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| | ANNUAL REPORT 7. <input checked="" type="checkbox"/> | | YEAR <u>2017</u> | | FILING METHOD (X) CHECK ONE <input checked="" type="checkbox"/> | | PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/> | | | |
| Name of Office Sought by Candidate: | | | | DATE OF ELECTION MO. DAY YEAR <u>11 3 2015</u> | | District Number | | Office Code | Party Code | County Code |
| | | | | | | | | | | |
| | | | | | | | | (SEE INSTRUCTIONS FOR CODES) | | |
| FOR OFFICE USE ONLY | | | | | | | | | | |
| Summary of Receipts and Expenditures from: MO. DAY YEAR <u>12 31 2016</u> To MO. DAY YEAR <u>12 31 2017</u> | | | | | | | | | | |
| A. Amount Brought Forward From Last Report | | | | \$ <u>18134 33</u> | | | | | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | | | \$ <u>- 0 -</u> | | | | | | |
| C. Total Funds Available (Sum of Lines A and B) | | | | \$ <u>18134 33</u> | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | \$ <u>- 0 -</u> | | | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | | | \$ <u>18134 33</u> | | | | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | | | \$ <u>- 0 -</u> | | | | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | | | \$ <u>28929 91</u> | | | | | | |

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 29th day of January, 2018

Lana R. Wright Signature of Person Submitting Report
Tiffany L. Schuch Printed Name
814 Area Code 419-5878 Daytime Telephone Number

My commission expires 4-3-19 MO. DAY YR.

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this 31st day of January, 2018

Lana R. Wright Signature of Candidate
Carol Lou Printed Name
814 Area Code 474 3161 Daytime Telephone Number

My commission expires 4-3-19 MO. DAY YR.

NOTARIAL SEAL
LANA R. WRIGHT, NOTARY PUBLIC
ERIE, ERIE COUNTY, PENNA.
MY COMMISSION EXPIRES ON MARCH 19, 2018

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| | |
|---|---|
| Name of Filing Committee or Candidate COMMITTEE TO ELECT QWO 1011 | Reporting Period From 12-31-16 To 12-31-17 |
|---|---|

| | |
|---|-----------------|
| 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR | |
| TOTAL for the Reporting Period (1) | \$ — 0 — |

| | |
|--|-----------------|
| 2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B) | |
| Contributions Received from Political Committees (Part A) | \$ |
| All Other Contributions (Part B) | \$ |
| TOTAL for the Reporting Period (2) | \$ — 0 — |

| | |
|--|-----------------|
| 3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) | |
| Contributions Received from Political Committees (Part C) | \$ |
| All Other Contributions (Part D) | \$ |
| TOTAL for the Reporting Period (3) | \$ — 0 — |

| | |
|--|-----------------|
| 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E) | |
| TOTAL for the Reporting Period (4) | \$ — 0 — |

| | |
|--|-----------------|
| TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.) | \$ — 0 — |
|--|-----------------|

SCHEDULE IV
STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations
 which are outstanding at the end of the reporting period.

| | |
|---|---|
| Name of Filing Committee or Candidate COMMITTEE TO ELECT Carol 1011 | Reporting Period From 12-31-16 To 12-31-17 |
|---|---|

| | | | | |
|--|--------------------|---|-----------|-----------|
| Name of Creditor Carol 1011 | | Outstanding Balance of Debt \$ 28929.91 | | |
| Mailing Address 16350 PLATZ RD | DATE DEBT INCURRED | MO. | DAY | YEAR |
| City FAIRVIEW | | 10 | 19 | 15 |
| | State | Zip Code (Plus 4) | | |
| | PA | 16415 | | |

| |
|---------------------|
| Description of Debt |
|---------------------|

| | | | | |
|------------------|--------------------|-----------------------------|-----|------|
| Name of Creditor | | Outstanding Balance of Debt | | |
| | | \$ | | |
| Mailing Address | DATE DEBT INCURRED | MO. | DAY | YEAR |
| | | | | |
| City | State | Zip Code (Plus 4) | | |
| | | - | | |

| |
|---------------------|
| Description of Debt |
|---------------------|

| | | | | |
|------------------|--------------------|-----------------------------|-----|------|
| Name of Creditor | | Outstanding Balance of Debt | | |
| | | \$ | | |
| Mailing Address | DATE DEBT INCURRED | MO. | DAY | YEAR |
| | | | | |
| City | State | Zip Code (Plus 4) | | |
| | | - | | |

| |
|---------------------|
| Description of Debt |
|---------------------|

| | | | | |
|------------------|--------------------|-----------------------------|-----|------|
| Name of Creditor | | Outstanding Balance of Debt | | |
| | | \$ | | |
| Mailing Address | DATE DEBT INCURRED | MO. | DAY | YEAR |
| | | | | |
| City | State | Zip Code (Plus 4) | | |
| | | - | | |

| |
|---------------------|
| Description of Debt |
|---------------------|

| | | | | |
|------------------|--------------------|-----------------------------|-----|------|
| Name of Creditor | | Outstanding Balance of Debt | | |
| | | \$ | | |
| Mailing Address | DATE DEBT INCURRED | MO. | DAY | YEAR |
| | | | | |
| City | State | Zip Code (Plus 4) | | |
| | | - | | |

| |
|---------------------|
| Description of Debt |
|---------------------|

| | | | | |
|------------------|--------------------|-----------------------------|-----|------|
| Name of Creditor | | Outstanding Balance of Debt | | |
| | | \$ | | |
| Mailing Address | DATE DEBT INCURRED | MO. | DAY | YEAR |
| | | | | |
| City | State | Zip Code (Plus 4) | | |
| | | - | | |

| |
|---------------------|
| Description of Debt |
|---------------------|

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL
\$ 28929.91